

Asthma
Surveillance Report



January-March
2009

Clinical Updates and Asthma Control Data

Long Acting Beta Agonists

In December of 2008 the FDA recommended banning the use of salmeterol (Serevent) and formoterol (Foradil) as monotherapy for treating asthma. An advisory committee considered clinical trials on tens of thousands of people and several studies showed that the Long Acting Beta 2 Agonists (LABAs) increase the risk of asthma-related hospitalization and death.

The advisory committee however, did give its stamp of approval to the LABAs when used in combination with inhaled corticosteroids as either fluticasone and salmeterol (Advair) or budesonide and formoterol fumarate (Symbicort).

Because salmeterol and formoterol will not be taken off the market altogether (they are used to treat COPD), Thomas Casale MD, executive vice president of the American Academy of Allergy, Asthma and Immunology says, "If (asthma) patients are on those drugs by themselves, they should be taken off, or an inhaled steroid should be added. The easiest way to do that is to skip the Foradil and Serevent, and just give them Advair or Symbicort because you've got the combination in one device that makes it much easier for the patient." Of note, Advair is approved for use in children aged 4-11. Symbicort is approved only for adults and children 12 years and older.

Key Clinical Messages:

- Advair and Symbicort remain important agents for treating patients with moderate to severe persistent asthma.
- Serevent and Foradil **should not** be prescribed as monotherapy for asthma control, nor ever be used as quick-relief inhalers.
- Young children (age 4-11) should be more carefully monitored for drug benefit and the presence of adverse effects from their asthma medications. Advair is the only combination inhaler approved in this age group.

HFA Transition

The medicine in quick-reliever asthma inhalers (albuterol or levalbuterol) is staying the same, but the chemical used to propel the medicine is changing. The FDA has ruled that the sale of albuterol inhalers containing chlorofluorocarbons (CFCs) must end on December 31, 2008 because the CFCs are harmful to the environment. As of January 1, 2009, only albuterol inhalers containing hydrofluoroalkanes (HFAs) are being dispensed.² There are a number of important differences between CFC and HFA inhalers which providers, pharmacists, and patients must be aware of:

1. HFA inhalers have a softer and warmer spray than CFC products, and patients may notice the difference and fear their inhaler isn't working.
2. HFA inhalers tend to clog more quickly than CFCs due to the chemical nature of the propellant, and therefore the plastic mouthpiece must be washed in warm water at least once a week.
3. Priming the HFA inhaler is more important to proper functioning than with the CFC inhalers, and different products vary in their recommendations. Most should be primed before initial use and when not used for more than two weeks. Xopenex, however needs to be primed when not used for more than 3 days. Priming involves 3-4 sprays.
4. The cost of HFAs is higher than the generic CFCs. No generic HFAs are currently available. All four manufacturers of HFA albuterol inhalers offer patient assistance programs to help those who cannot afford the higher cost. Patients can call the following numbers for assistance:

Proventil HFA..... 1-800-656-9485
Ventolin HFA..... 1-866-475-3678
ProAir HFA1-877-254-1039
Xopenex HFA.....1-888-878-6266

For more information, patients can access the website:
www.transitionnow.org

How well is asthma controlled in MT?

In 2006, Montana began participating in the Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey sponsored by the Centers for Disease Control and Prevention and the National Asthma Control Program.³ In the survey, adults who indicate they have former or current asthma on the BRFSS survey are called back and asked more extensive questions about their experience with the disease. In all, 299 Montana adults aged 18 and up participated in the 2006 Asthma Call-back Survey. Of these adults, 208 reported currently having asthma, 84 reported formerly having the disease and 7 did not know their disease status. This analysis includes data from the 208 adults with current asthma.

Responses from the Asthma Call-back Survey are weighted to represent the entire asthma population in Montana. However, the survey includes a small number of respondents, so the results should be interpreted with caution. The survey includes questions on a variety of asthma related topics such as:

- Interference with work, school and usual activities
- Environmental control measures
- Disease comorbidities and
- Work related asthma

This report includes analysis of data from the Asthma Call-back Survey related to asthma control, activity limitations, healthcare utilization and access to care.

Asthma Control

Table 1: Self reported asthma symptoms	Yes (%)
Daytime Asthma Symptoms	
Had symptoms one or more days in the last month	66.2
Had symptoms every day in the last month	26.1
Has symptoms all the time (throughout the day)	14.2
Asthma Attacks or Episodes	
Had an asthma attack or episode in the last year	48.0
Had 2 or more asthma attacks in the last year	28.9
Night time awakenings	
Had difficulty staying asleep due to asthma in the last month	21.1

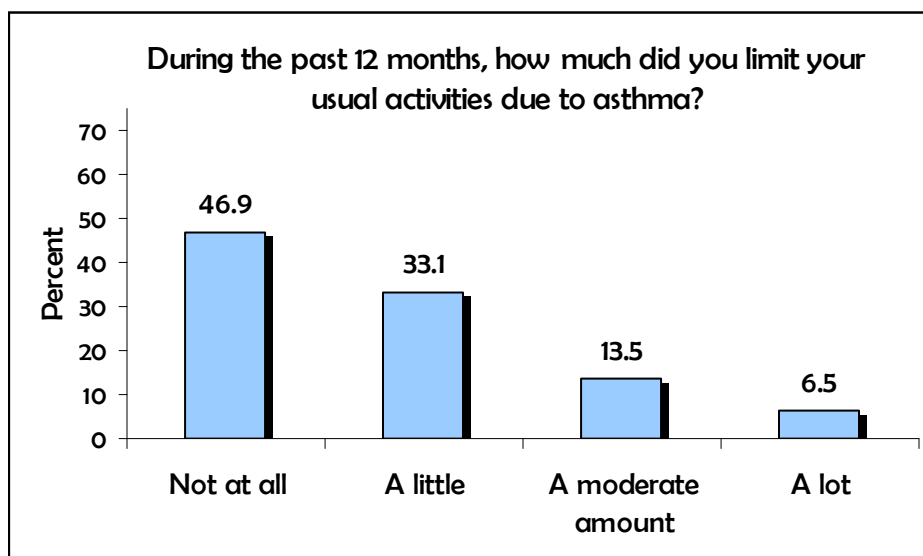
According to the NHLBI EPR-3 Clinical Asthma Guidelines, the goal of asthma management is control. Well controlled asthma is defined as:

- Few daytime symptoms (less than 2 days per week)
- Few night awakenings (less than 2 times per month)
- No activity limitations
- 0-1 oral steroid bursts per year
- Near normal lung function (FEV₁ > 80% predicted)

Patients with asthma symptoms that exceed one or more of these criteria are considered uncontrolled.

According to these definitions, more than 50% of Montana adults with asthma live with uncontrolled asthma, experiencing activity limitations, frequent symptoms and nighttime awakenings. For instance, 53% of Montana adults report some level of activity limitation due to asthma in the past year. In addition, over a quarter of adults report experiencing asthma symptoms every day in the past month. These findings are troubling given the fact that advances in medical therapies and self management education make controlling asthma a realistic and achievable goal for most patients. For more information on asthma control visit:

www.nhlbi.nih.gov/guidelines



Healthcare Utilization & Access to Care

Table 2: Self-reported healthcare utilization	Yes (%)
Primary care	
Talked with a doctor or other healthcare professional about asthma in the past year	62.5
Had a routine check up for asthma in the past year	42.4
Emergency department (ED) visits and hospitalizations	
Had an urgent care or ED visit for asthma in the past year	9.6
Had an overnight stay in the hospital for asthma in the past year	3.3
Medications	
Has ever used a prescription inhaler	94.6
Used asthma medication in the past 6 days	40.9
Used asthma medication in the past year	78.0
Self Management Education	
Has ever been given an asthma action plan by a doctor or other healthcare professional	29.1
Has ever been taught how to use a peak flow meter to adjust daily medications	49.7
Has ever been taught how to recognize the early signs of an asthma attack	67.2
Has ever been taught what to do during an asthma episode or attack	82.3
Has ever taken a course on how to manage asthma	7.2
Access to Care	
Does not have health insurance or has been without health insurance in the last year	20.1
In the past year, needed to buy medication for asthma but could not because of cost	10.6

Discussion

These findings indicate that more can be done to control asthma in Montana and improve the quality of life for all patients with the disease. Issues of concern include:

- **Lack of asthma control:** Over a quarter of adults with asthma report that they experience asthma symptoms every day
- **Activity limitations due to asthma:** 53% of adults with asthma report that they limited their usual activities due to asthma in the past year
- **Low primary care utilization:** Less than 50% of adults with asthma report having a routine check up for their asthma in the last year
- **Hospitalizations and ED visits for asthma:** 10% of asthma patients report needing inpatient asthma care in the last year, though asthma is an ambulatory condition that can be treated in an outpatient setting

- **Barriers to accessing care:** One out of five adults with asthma report lacking health insurance in the past year
- **Cost of medications:** One in ten adults with asthma report that they could not afford their asthma medication in the last year
- **Need for more self management education:** Only 29% of patients report they have ever been given an asthma action plan and 7% report ever taking a course on how to manage their disease

The Montana Asthma Control Program and its partners across the state, have created a **State Asthma Plan**, outlining strategies to improve asthma outcomes and address many of these issues in the state over the next 3-5 years. To view the plan visit: <http://dphhs.mt.gov/asthma>

References: 1. Aungst, H. "Asthma Medications: What you need to know." *Contemporary Pediatrics*. December, 2009.
 2. "FDA requires patients to change MDIs." *American Academy of Asthma Allergy and Immunology*. <http://www.aaaai.org/>
 3. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Adult Asthma Call Back Survey, 2006. Atlanta Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention. www.cdc.gov/brfss

LOOK INSIDE FOR INFORMATION ON:

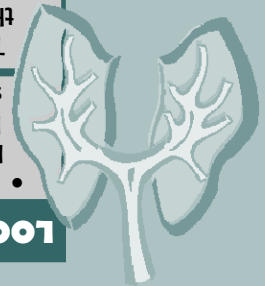
- How to ensure your Medicaid patients receive a back-up rescue inhaler and spacer
- The transition from HFA to CFC albuterol inhalers
- The removal of long acting beta-2 agonist drugs from the market
- Data on asthma control, access to care and healthcare utilization

The Montana Asthma Control Program is funded through the Montana State Legislature. The goal of the program is to improve the quality of life for all Montanans with asthma. Program staff include:

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Clinical Update & Asthma Data

Keeping you up to date on the latest asthma news and Montana asthma data

Quarterly Surveillance Report

MONTANA
ASTHMA CONTROL PROGRAM

Jan-March 2009

Back-Up Inhalers & Spacers for Medicaid Patients

Medicaid will reimburse for more than one rescue inhaler at a time for patients that need one for home and school or after school sports. Providers should write a normal prescription for the inhaler, and then specify to dispense two inhalers, one for home and one for school.

Patients and pharmacists can call Wendy Blackwood, Pharmacy Program Officer at Montana Medicaid, at 444-2738 if they have questions about receiving two inhalers at the same time.

Medicaid will also reimburse for two spacers and masks at the same time if the patient should need one for home and school. In this situation the provider should simply write a prescription for two spacers and age-specific sized masks.

Fran O'Hara, the Medicaid Program Officer for Durable Medical Equipment who deals with spacer reimbursement, prefers that providers NOT specify one for home and one for school (this has to do with regulations about durable medical equipment being used for the "home" only). Questions regarding spacers and mask reimbursement from Medicaid should be addressed to Fran O'Hara at 444-5296.

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